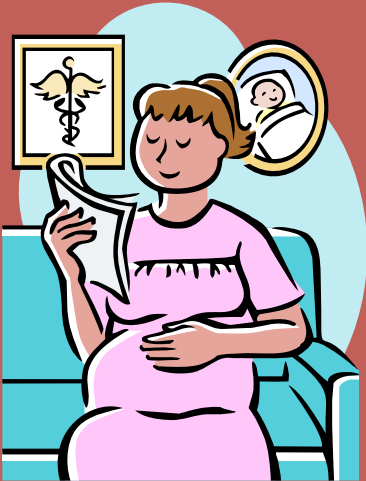


Diabetes Screening during Pregnancy



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Objectives

- Describe the referral process for the patient with GDM at the Phoenix Indian Medical Center
- Describe the communication process between the patient and the diabetes treatment team
- Describe the system's protocols in identifying GDM in the pregnant woman and the management of the GDM caseload



Predisposing Risk Factors:

- History of adverse pregnancy outcome usually associated with DM—(unexplained prior stillbirth or anomalies, >3 SABs)
- History of shoulder dystocia
- Marked obesity (BMI>30)
- Diabetes in 1st degree relative
- Previous baby > 9 lbs
- Previous GDM
- Greater than 2 yeast infections in past year
- Glucosuria



Early Diabetes Screening at the Initial Visit

- Patients with no risk factors—screen @ 24-28 weeks
- Patients with any predisposing factors are screened at their first visit with the 1° glucola. (50 grams)
- 1° result should be < 140 mg/dl—rescreen at 24-28 weeks
- If 140-199 mg/dl, then patient will receive 3° glucola (100 grams)
- If 200 mg/dl or >, consult with OB on call.



Diabetes Screening in Pregnancy, cont.

- 3^o hour glucola normal values—
 - Fasting < 105 mg/dl
 - 1^o < 190 mg/dl
 - 2^o < 165 mg/dl
 - 3^o < 145 mg/dl
 - If two elevations, diagnosis of GDM is made.



Education and Referral Process

- Patient Information Handout is given.
- Diabetes Educator is notified.
- Registered Dietician is notified.
- Patient is seen weekly until good control is determined.



Definitions

■ Good Control

- Fasting < 95
- 1° hour postprandial <130

■ Poor Control

- Admits to not following diet
 - Not doing accuchecks most of time
 - Does not bring machine or records to clinic repeatedly
 - Follows diet, does accuchecks, still having many elevations

■ Fair Control

- Few elevations
- Patient can relate elevations to high intake
- None >180



DM Educator Role

■ Referral is received via:

- Phone
- On-Call Pager
- Email
- OB High Risk Rounds

■ Once referral is received, RD services are also contacted & appointments are scheduled with patient



Meeting With The Patient

- Explain GDM to patient
- Rationale for good blood glucose control during pregnancy
- Provide meter with instruction on use and require return demonstration
- Discuss importance of follow-up postpartum with 2 hr gtt
- Discuss benefits of breastfeeding for newborn








Follow-Up

- Follow-up is made in 1-2 weeks or prn individual patient needs, then monthly
- After delivery
 - Provide information sheet re: F/U for GDM
 - Send letters & make phone calls to get f/u with DM educator and 2 hr gtt
 - Encourage F/U with RD
 - Encourage Diabetes Prevention Class
 - If diagnosis of DM is made, then refer to PCP and continue DM education

Long-Term Follow-Up

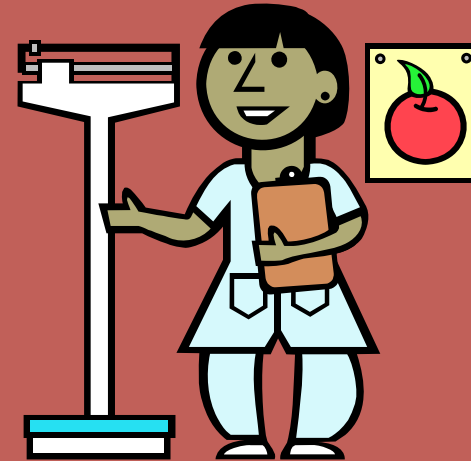
Goal

-  2 hour gtt postpartum, if normal then
 -  Annual blood sugar testing performed at annual pap smear visit
 - and
 -  Follow-up for signs/symptoms of DM

-  If the diagnosis of DM is made
 -  Referrals are made to PCP, RD, & DM educator for necessary follow-up



RD Role



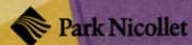
Referral received via:

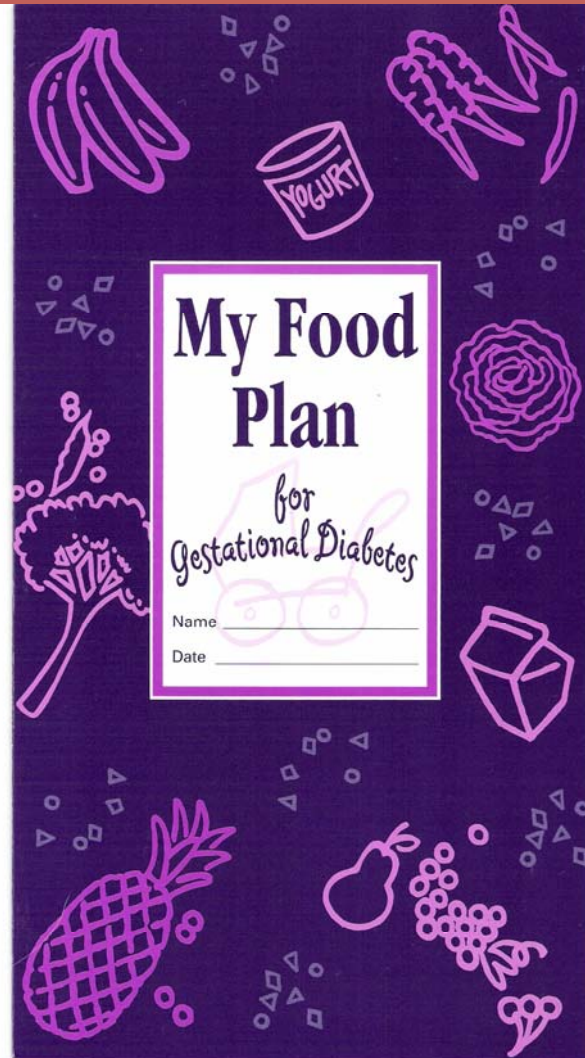
- Phone
- Walk-in
- Pager
- High risk OB rounds
- Nutrition counseling/education and follow-up appointment
- Participate in monthly GDM workgroup meetings

Taking Care of **Gestational Diabetes**



International Diabetes Center





Ordering Patient Education Materials for GDM

 Park Nicollet Institute

1-888-825-6315



Benefits of Diabetes Education And Nutrition Counseling

- Have a healthy baby
- Avoid gaining too much weight
- Avoid Complications during your delivery
- Blood sugar control
- Protect you & your child's future
- Possibly prevent diabetes in the next generation

It is important that you see both the Diabetes Educator (DCOE) and the Nutritionist.

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Congratulations



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On Your Pregnancy!!



Indian Health Service National Diabetes Program

Beautiful Beginnings: Pregnancy and Diabetes



Department of Health
and Human Services
Public Health Service
Indian Health Service



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